

AQUATICS CLASS REGISTRATION APPLICATION FORM: *Please fill out completely.**One form per family. Please read the registration procedures before registering.***PARENT / PAYEE INFORMATION**

FIRST NAME		LAST NAME	
ADDRESS		CITY	ZIP CODE
PRIMARY PHONE #	CELL PHONE #	CELL PHONE CARRIER FOR TEXT MESSAGE ALERTS	
EMAIL ADDRESS REQUIRED		EMERGENCY CONTACT	

☐ Check here if new address.*For Aquatics registration, please submit one registration form per session.*

PARTICIPANT'S NAME	ACTIVITY NAME	CLASS CODE	LOCATION	CLASS START DATE	TIME	CLASS FEE
FIRST LAST	1st CHOICE					
AGE BIRTHDATE / /	2nd CHOICE					
GENDER (Circle One) FEMALE MALE	3rd CHOICE					
FIRST LAST	1st CHOICE					
AGE BIRTHDATE / /	2nd CHOICE					
GENDER (Circle One) FEMALE MALE	3rd CHOICE					
FIRST LAST	1st CHOICE					
AGE BIRTHDATE / /	2nd CHOICE					
GENDER (Circle One) FEMALE MALE	3rd CHOICE					
FIRST LAST	1st CHOICE					
AGE BIRTHDATE / /	2nd CHOICE					
GENDER (Circle One) FEMALE MALE	3rd CHOICE					

DEBIT, VISA, MASTERCARD AND AMERICAN EXPRESS CARDS**are accepted for all over-the-counter and online transactions.****We only accept cash*, check, money order or cashier's check for all drop-off and mail-in registrations.*****No cash accepted for mail-in registration.**

The City of Chandler intends to comply with the Americans with Disabilities Act (ADA).

To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance.

I understand that the City of Chandler does not carry accident insurance for these programs.

I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my participation.

I also give my permission for any photos/videos taken of participants to be used by the City of Chandler.

Signature of Parent/Payee: _____

Need additional forms? Simply make a copy of this one or print one from the online *Break Time* at www.chandleraz.gov/breaktime.

OFFICIAL USE ONLY Date Received:	OFFICIAL USE ONLY Check #:	OFFICIAL USE ONLY Cash Received:	OFFICIAL USE ONLY Receipt #:
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Mail form to: City of Chandler * Aquatics Class Registration * Mail Stop 906 * P.O. Box 4008 * Chandler, AZ 85244-4008